UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF MICHIGAN-SOUTHERN DIVISION

In Re:	Case No. 13-30078
	Chapter 13
Mark Hawk	Hon. Daniel S. Opperman
Debtor(s).	
/	

ORDER SUSTAINING OBJECTION TO CLAIM OF THE STATE OF MICHIGAN

This matter, having come before the Court on the objection of the Debtor(s) to the claim of the State of Michigan and this Court being otherwise fully appraised in the premises;

NOW THEREFORE, it is hereby ordered that Objection of the Debtor to the claim of the State of Michigan be sustained.

Exhibit "A"

PROOF OF CLAIM IN BANKRUPTCY

Name and address of debtor	
MARK HAWK	Bankruptcy Number
1333 W. JUDD RD.	13-30078 DOF
FLINT, MI. 48507	Tax ID: 2170
	Chapter Number 13
	Account Number
	S2170
I certify the following:	
That I am the agent of the State of Michigan, Departme	
	ke this proof of claim in the state's hebsit that this
	ke this proof of claim in the state's behalf; that this on because it is a government entity.
proof cannot be made by the State of Michigan in perso	on because it is a government entity.
	on because it is a government entity. ched petition was Amount
proof cannot be made by the State of Michigan in person That the person named above was, at the time the attack	on because it is a government entity. Inched petition was Amount \$6,290.50
proof cannot be made by the State of Michigan in person That the person named above was, at the time the attac filed, and still is, indebted (or liable) to the claimant in the	on because it is a government entity. Inched petition was Amount \$6,290.50
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That the consideration of this debt (or liability) is as follous EEE ATTACHED: That there are no setoffs or counterclaims to the debt (or liability). This claim is filed as an:	on because it is a government entity. Inched petition was he amount of \$6,290.50 Ows: Or liability) except as follows: Unsecured USC Section Other

Please send payments to: Michigan Department of Treasury/Revenue/AG P.O. Box 30456 Lansing, MI 48909-7955

Page 1 of 4

Court Copy -1

BXIT BUT B'

Michigan Depart 4265 (11-04)		Treasury		44289698	Case 13-300		2027	Page 1 of 1		
Sworn Sumi					Тахра	ver Id	entification:	Attorne	y General	:
Issued under fed					2170	,		ATTORNEY DE	-	
Type of Clai		ority riginal					1			
MARK HAY		riginal				Othe	r Identification:			
1333 W. JUI						S2170				
FLINT, MI.						5217				
Assessment Number	Debt Code	Assessment Date	Account ID	Tax Perio	d	*If Est	Tax Deficiency	Penalty	Inte	rest
TV30480	IIT	05/23/13	S2170	1/1/2009 - 12/31/20	009		\$5,626.0	0 \$0.00		\$664.50
Debt Codes:							S5,626.0 TOTAL CLAIM	0 50.00	\$6,290.50	\$664.50
CANDDA ODA						not file	ed on the best infon been filed. This cla d.	umn indicates that tao mation available since im will be adjusted wi	e actual return hen actual ret	ns have urns are
SANDRA BRAU Department of		ury and, to the	best of her/his	being duly knowledge and	sworn, d belief	depos the d	ses and says (s) efendant is indel	he is authorized to bted to the State	o act for the of Michigan	in

PROOF OF CLAIM IN BANKRUPTCY

ssued under the federal bankruptcy code.	
United States Bankruptcy Court for the	
EASTERN DISTRICT OF MICHIGAN - FLINT	
lame and address of debtor	
MARK HAWK 1333 W, JUDD RD.	Bankruptcy Number 13-30078 DOF
FLINT, MI. 48507	Tax ID: 2170
	Chapter Number 13
	Account Number \$2170
I certify the following: That I am the agent of the State of Michigan, Department of Building, Lansing,MI 48922; that I am authorized to make thi proof cannot be made by the State of Michigan in person be	is proof of claim in the state's behalf; that this
That the person named above was, at the time the attached filed, and still is, indebted (or liable) to the claimant in the am	Amount
That the consideration of this debt (or liability) is as follows: SEE ATTACHED:	
That there are no setoffs or counterclaims to the debt (or liab	bility) except as follows:
This claim is filed as an:	
	ority Unsecured USC Section Other
\$1,406.50	
Signature Strain Strain	Date 05/23/13
rint or Type Name and Title SANDRA BRAUN	

Please send payments to: Michigan Department of Treasury/Revenue/AG P.O. Box 30456

Court Copy -1

Lansing, MI 48909-7955

517-241-5002 Case 13-30078-dof PaÇlajin 17-5 tate Filed 105/34/13 Page 3 of 4

Michigan Depart 4265 (11-04)	tment of	Treasury		44289698	Case			Page 1 o		729354
Sworn Sum	mary							Attorne	y General:	2000
Issued under fe	deral cod	le, Title XI			2170	yer iu	entification:	ATTORNEY DE	-	
Type of Clai		ecured riginal			2170					
MARK HA						Othe	r Identification:			
1333 W. JUI	DD RD.					S2170	0			
FLINT, MI.	48507		¥							
Assessment	Debt	Assessment				*If	Tax			
Number	Code	Date	Account ID	Tax Perio	d	Est	Deficiency	Penalty	Intere	st
Debt Codes:							\$0.0	0 \$1,406.50		\$0.00
IIT - INCOME TAX							TOTAL,		\$1,406.50	
SANDRA BRAI				being duly	sworn,	bar not file	sed on the best infor t been filed. This cla d. ses and says (s)	umn indicates that tan mation available since im will be adjusted with the is authorized to	e actual returns hen actual return o act for the	have ns are
Department of this amount.	Treas	ury and, to the	best of her/hi	s knowledge and	d belief	, the d	efendant is inde	bted to the State	of Michigan I	1
Signature		9 2 2		Claim 17-				Date: 05/23/ ge 4 of 4	2013	

Collection Division Michigan Department of Treasury PO B ox 30199 Lansing, MI 48909-7699

Re: Susan D. & Mark T. Hawk -2170 / 2009 MI Taxes

To whom it may concern:

We received the attached letter recently indicating that we have not filed our 2009 Michigan income tax return and that we owe an amount due of \$7,774.73 which includes penalty and interest fee's.

Attached please find a copy of our 2009 Michigan income tax return that I filed through Turbo Tax software. When filing our taxes, we owed an additional \$533.00. I sent the attached letter with a copy of our W-2 forms as well as all of the tax return documents along with a check for \$100.00 and asked if we could make monthly payments of \$100.00 each until it was paid off.

After filing the return both online and then sending a copy to the MI Department of Treasury in Lansing, we sent in the following payments:

04/15/2010 - \$100.00 - Check #5767 09/27/2011 - \$100.00 - Check #1144 11/06/2011 - \$100.00 - Check #1184 01/03/2012 - \$100.00 - Check #1198 04/06/2012 - \$100.00 - Check #1170

Please check your records as I show that each of these payments were cashed and should have been applied against the outstanding balance under social security 2170.

Should you have any questions or need anything further, please let us know. You can also email my husband and myself at sue.hawk@att.net.

Sincerely,

Susan D. Hawk

cc: Office of Carl L. Bekofski Chapter 13 Trustee Sent 6/18

Note: This was my first year of using Turbo Tax software to file but it did go through Michigan Department of Treasury 168 (Rev. 5-10)

Bill for Taxes Due

(Intent to Assess)

Issued under P.A. 122 of 1941, as amended.

* For monthly PENALTY/INTEREST provisions, correspondence, and informal conference information, see page 2 .

Tax Division	Tax Division Telephone Number
INDIVIDUAL	517 636 4486
Assessment Number	Date Issued
TV30480	05/23/13
Social Security/Account Number	of .
	-2170

HAWK MARK T & SUSAN D 1333 W JUDD RD FLINT MI 48507

BILL SUMMARY

Tax Due	\$ 5,626.00
Penalty	\$ 1,406.50
Interest	\$ 742.23
Total Due *	\$ 7,774.73

Detail of Tax Liability

Type of Tax	Taxable Period	Tax Due	Penalty	Interest
INCOME TAX	2009			
2009 MI-1040		5,626.00		
FAIL TO FILE OR PAY			1,406.50	742.23



Reason for Tax Bill

OUR RECORDS INDICATE NO TAX RETURN FILED FOR THE TAXABLE PERIOD SHOWN ABOVE. AS PROVIDED BY LAW, THE TAX DUE HAS BEEN COMPUTED FROM INFORMATION PROVIDED BY THE IRS UNDER AUTHORITY OF IRC SEC.6103 (D). FILE ACTUAL RETURNS TO ADJUST THIS COMPUTED LIABILITY OR SUBMIT PROOF THAT NO RETURN WAS REQUIRED

4

168 (Rev. 4-10)

Detach and mail the payment voucher with your payment. Do not staple.

Bill for Taxes Due

Payment due within 30 days (see penalty and interest provisions on page 2). Make your check payable to "State of Michigan-CD." Write your Social Security/Account No. and Assessment No. on all checks and correspondence. Allow up to 14 days for mailing and processing. A return envelope is enclosed for your convenience. Mail payment and this voucher to:

489097699002

COLLECTION DIVISION
MICHIGAN DEPARTMENT OF TREASURY
PO BOX 30199
LANSING MI 48909-7699

Notify the Collection Division in writing if your address above is incorrect.

DO NOT WRITE IN THIS SPACE

000007774732 911304807 00000000000 138674217002 7

2009 Michigan Forms to Print and Mail

Important: Your taxes are not finished until all required steps are completed.



Mark T & Susan D Hawk 1333 W. Judd Rd. Flint, MI 48507

What You Need to Mail	Your return shows a balance due MI-1040-V with included payment Michigan by April 15, 2010 to:		-	
	Mail to: Michigan Department of Treas P.O. Box 30774 Lansing, MI 48909-8274	ury		
	Do not mail Form MI-1040-V with ACCEPTED for electronic filing			
Balance	Your Do not mail Form MI-1040-V			as
	been ACCEPTED for electronic fi Treasury. tax return (Form MI-1			
Due/ Refund 2009		040) shows a		
Refund 2009	Treasury. tax return (Form MI-1	040) shows a	balance due of \$533.	
Refund 2009 Michigan Tax	Treasury. tax return (Form MI-1 Taxable Income Total Tax Total Payments/Credits	040) shows a	128,129.00 5,309.00 4,776.00	
Refund	Treasury. tax return (Form MI-1 Taxable Income Total Tax	040) shows a	128,129.00 5,309.00	
Refund 2009 Michigan Tax Return	Treasury. tax return (Form MI-1 Taxable Income Total Tax Total Payments/Credits	040) shows a	128,129.00 5,309.00 4,776.00	

Page 1 of 1

4-15-10 CK 5747

~

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 10-09)

2009 MICHIGAN Individual Income Tax e-file Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967. See instruction for filing guidelines

Mail Form MI-1040-V with your payment after you e-file your MI-1040 return.

1.	Filer's Name(s) (First, Middle Initi Home Address (Street, City, State	al, Last) and Code)		► 2. Filer's Social Security Number		Spouse's Social Security N	kumber	
					-2170		-4923		
	MARK	T	HAWK		WRITE PAYMENT AMOUNT HERE	*	\$	533.	00
	SUSAN	D	HAWK		MAIL TO:		Make check payable		
	1333 W JUDD RD				Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909-8274		Michigan,' Write yo Security number at MI-1040-V' on the cl fold or staple.	nd '2009	
	FLINT		MI	48507					

DO NOT WRITE IN THIS SPACE

#IA2101 10/28/09

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72658775 2 2009 368764923 386742170 0

SUSAN D. HAWK
MARK T. HAWK
1333 W. RUDG RD. PH. 239-1999
FINI, M. 48507

DORT FEDERAL CREDIT UNION
2046 Dates on Rd. P.O. Bus 1605
FINI, M.OSegan 48501

1: 2724 799 491:

OB9352831" 5757 **ODODO LODGOO!

7007 TOTAL T

https://estatements.cowww.com/cowww5/viewers/cached/externcheck.asp?Applid=PastDoc

Electronic Filing Instructions for your 2009 Michigan Tax Return Important: Your taxes are not finished until all required steps are completed.



Mark T & Susan D Hawk 1333 W. Judd Rd. Flint, MI 48507

Balance Due/ Refund	Your Michigan state tax return \$533.00. Mail your completed For made payable to the State of M. you sign your check and write your state of MI-1040-V" on the check.	orm MI-1040-V ichigan by Ap	with included payment oril 15, 2010. Make sure
No Signature Document Needed	No signature form is required : electronically.	since you sig	ned your return
What You Need to Mail	Your return shows a balance due MI-1040-V with included payment Michigan by April 15, 2010 to:	t of \$533.00	
	Mail to: Michigan Department of Trea	sury	
	P.O. Box 30774		
	Lansing, MI 48909-8274		
	Do not mail Form MI-1040-V with ACCEPTED for electronic filing		
What You Need to Keep	Your Electronic Filing Instruc Printed copy of your state and		
Other Forms to	Your Flint return shows a refu	nd of \$342.00),
Mail	Be sure to attach Copy 2 of Fo	rm W-2 to you	ir Plint return.
	Mail Flint Form CF-1040 to the	following ad	ddress by April 30, 2010:
	CITY OF FLINT		
	INCOME TAX OFFICE PO BOX 1800		
	FLINT, MI 48501		
2009	Taxable Income	\$	128,129.00
Michigan	Total Tax	\$	5,309.00
Tax Return	Total Payments/Credits Payment Due	\$	4,776.00
Summary	1	~	333100

Page 1 of 1

Michigan Department of Treasury PO Box 30774 Lansing, MI 48909-8274

To Whom It May Concern:

Enclosed please find a check in the amount of \$100.00 which is a portion of the amount due of \$533.00 that we owe for the 2009 tax year. We apologize that we cannot pay the entire amount however my husbands employer has initiated a permanent pay cut of \$7.00 per hour and also eliminated his overtime which used to make up a ¼ of his pay. As a result of this pay cut, I don't expect that we will owe any taxes in 2010 and thereafter since our combined pay will be so much lower. We also owe the IRS an amount of \$3,676.00 so have set up a monthly payment plan with them as well.

We would like to set up a payment plan where we pay an amount of \$100.00 per month (plus interest) until the amount due is paid in full. If my husband is granted some overtime, we will send in more with our monthly payment to pay off the balance in a shorter time period.

Please advise if this payment plan is acceptable. We appreciate your consideration in this matter.

Susan & Mark Hawk

386-74-2170 368-76-4923

2009 MICHIGAN Individual Income Tax Barcode Datasheet

This datasheet is PAGE 1 of your individual income tax return and/or home heating credit claim. You must staple this form to the top of Form MI-1040 or MI-1040CR-7 for your return to be complete and to speed the processing.



Do NOT file this form alone.

See additional instructions below.

THE RIGHT CHARLES CAN PREVAILABLE CHARLES THE SECRETARY SHAPE SECRETARY SHAPE SECRETARY SHAPE SH

Software			
\boxtimes	MI-1040 included		MI-1040CR-7 included

FILER'S IDENTIFICATION

Filer's First Name	М	Last Name		Filer's Social Security Number
MARK	T	HAWK		-2170
If a Joint Return, Spouse's First Name	м	Last Name		Spouse's Social Security Number
SUSAN	D	HAWK		-4923
Home Address (No., Street, P.O. Box or Rural Ro	ute)			
1333 W JUDD RD				
City or Town			State	ZIP Code

Instructions

Staple this form to the top of your MI-1040 Individual Income Tax Return or your MI-1040CR-7 Home Heating Credit Claim. Do NOT file this form alone.

If you make a correction to any of your data, **you** must reprint the corrected page of the return and this barcode datasheet to capture the corrected information in the barcode.

Mail the original datasheet and original return/claim (not photocopies) to the address on your return/claim.

Make your check payable to "State of Michigan" and print the filer's Social Security Number and "2009 income tax" on the front of your check.

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MIA0203 11/02/09

Michigan Department of Treasury (Rev. 10-09), Page 1 issued under authority of Public Act 281 of 1967. 2009 MICHIGAN Individual Income Tax Return MI-1040 Return is due April 15, 2010. Type or print in blue or black ink 2 Filer's Social Security No. ► 1 Filer's First Nar Last Name MARK HAWK -2170If a Joint Re Last Na ACE 3 Spouse's Social Security No. HAWK SUSAN HERE s (No., Street, P.O. Box or Rural Route) -4923LABE JUDD RD 4 School District Code (5 digits - see instructions) 48507 25080 FLINT You may contribute to the CHILDREN'S TRUST FUND on line 22 of this form. ► 5 STATE CAMPAIGN FUND **FARMERS, FISHERMEN OR SEAFARERS** No Check this box if you (or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. X a You Check this box if 2/3 of your income is X b Spouse from farming, fishing or seafaring. RESIDENCY. Check all that apply. ► 7 FILING STATUS. Check one. a X Resident a 🗌 Single "If you check box 'c,' complete line 3 *If you check box 'b' or 'c,' you must complete and attach Schedule NR. and enter spouse's name below: b X Married, filing jointly Nonresident* сП Married, filing separately* c Part-Year Resident* 9a a Number of exemptions you claimed on your 2009 federal return 4 \$3,600 14,400 00 x 00 b Number of individuals 65 or older who qualify for a special exemption . . . 9 b \$ 2,300 c.Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled 00 90 \$ 2,300 00 ,200 d Number of children ages 18 and under you claimed as Michigan exemptions . . 9 d \$600 e Number of qualified disabled veterans . 9 e \$300 f If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check (X) the box and enter \$2,300 . . . 9f (1) \$ 2,300 g If someone else can claim you as a dependent, check (X) the box, complete Worksheet 2 in the instructions, and enter the amount from the worksheet 9 g 00 00 h Add lines 9a, 9b, 9c, 9d, 9e, 9f and 9g. Enter here and on line 15. 9h 15,600. 144,505 Adjusted Gross Income from your U.S. 1040, 1040A, 1040EZ or 1040NR (see instructions) 00 10 10 00 Additions from Michigan Schedule 1, line 7. Attach Schedule 1 12 Total, Add lines 10 and 11 . . 12 144,505 00 Subtractions from Michigan Schedule 1, line 21. Attach Schedule 1. 13 Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter '0' 143,729 00 14 14 15,600 00 Exemption allowance, Amount from line 9h or Schedule NR, line 20 15 15 16 Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter '0' . . 16 128,129 00 17 5,574 Total Nonrefundable Credits. Amount from Schedule 2, line 11. Attach Schedule 2 18 265 00 18 a tay Subtract line 18 from line 17 If line 18 is are 5 300 00

10	moone tax. Subract	mile	TO HOILI	110 1	1. Il mile 10 la greater trait mie 17, eriter 0 · · · · · · 10	_		0,000.
	DIRECT DEPOSIT Deposit your refund directly into your bank account!	а	Routing Transit Number		b Type of Account:	▶ (1)	Checking	(2) Saving
	See instructions and complete a, b and c.	C	Account Number	•				

+ 1030 2009 05 01 27 8

MIIA0212 10/27/09

Continue and sign on page 2.

MARK T & SUSAN D HAWK 2009 MI-1040, Page 2	Filer's Social Se	ecurity Number 1-2170	
2009 MI-1040, Fage 2	PROF S GOLDAN ON	22.70	
20 Enter amount of Income Tax from line 19		20	5,309.00
21 Military Family Relief Fund. Enter your contribution a	mount (\$1 minimum)		0.0
22 Children's Trust Fund. Enter your contribution amoun	nt (\$5 minimum)	122	00
23 Children of Veterans Tuition Grant Program. Enter yo	our contribution amou	nt (\$2 minimum) ≥ 23	00
24 Additional Voluntary Contributions from Form 4642, I	ine 12, Attach Form 4	642 24	00
USE Use tax due on Internet, mail order or other or purchases from Worksheet 1, line 3, in the ins		▶ 25	0.00
26 Add lines 20, 21, 22, 23, 24 and 25		26	5,309.00
27 Property Tax Credit. Attach MI-1040CR or MI-1040C	R-2	▶ 27	0.0
28 Farmland Preservation Credit. Attach MI-1040CR-5.		▶ 28	00
29 Qualified Adoption Expenses. Attach U.S. 8839 and	MI-8839	▶29	00
30 Stillbirth Credit. Amount from Worksheet 3, in the ins	tructions		0.0
31a Federal Earned Income Tax Credit	3	11a 00	
b Michigan Earned Income Tax Credit. Multiply line 31			00
32 Energy Efficient Qualified Home Improvement Credit	. Amount from Form 4	4764, line 7 ▶ 32	00
33 Michigan Historic Preservation Tax Credit (refundable	e). Amount from Form	n 3581, line 16a or 16b ► 33	00
34 Michigan tax withheld from Schedule W, line 3. Attac	ch Schedule W (do no	ot submit W-2's) ▶ 34	4,776.00
35 Estimated tax, extension payments and 2008 credit f	orward	▶ 35	0.0
36 Total refundable credits and payments. Add lines 27	through 30, 31b, and	32 through 35 36	4,776.00
REFUND OR TAX DUE	O	flice Use Only	
37 If line 36 is less than line 26, subtract line 36 from line Include interest and penalty		ee instr) PAY 37	533.00
38 Overpayment. If line 36 is greater than line 26, subt	ract line 26 from line 3	36	00
39 Credit Forward. Amount of line 38 to be credited to your 2010 of	estimated tax for your 2010	0 tax return ▶ 39	00
40 Subtract line 39 from line 38		REFUND ► 40	0.0
Deceased Taxpayer. If Filer and/or Spouse died after December 31, appropriate box below. ▶ ☐ Filer is Deceased ▶ ☐ Spouse is D		Preparer Certification. I declare under per return is based on all information of which Preparer's PTIN, FEIN or SSN	nalty of perjury that this I have any knowledge.
Taxpayer Certification. I declare under penalty of perjury that the it and attachments is true and complete to the best of my knowledge.	nformation in this return	➤ Preparer's Business Name (print or type)	
Filer's Signature	Date	SELF-PREPARED	
		Preparer's Business Address (print or type)	
Spouse's Signature	Date		
➤ 1 authorize Treasury to discuss my return with my preparer.	Yes No		
Refund, credit or zero returns. Mail your return to:		ent of Treasury, P.O. Box 30726, Lansing, I	

Make your check payable to 'State of Michigan.' Print your Social Security number and '2009 income tax' on the front of your check. If paying on behalf of another taxpayer, write the taxpayer's name and Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years. To check the status of your refund, have a copy of your Mi-1040 available when you visit: www.michigan.gov/iit

+ 1030 2009 05 02 27 6

MIA0212 10/27/09

2009 MICHIGAN Schedule 1 Additions and Subtractions

ed under authority of Public Act 281 of 1967 Type or print in blue or black ink. Attachment 1A Attach to Form MI-1040. Last Name Filer's Social Security Number Filer's First Name MLL HAWK -2170MARK If a Joint Return, Spouse's First Name SUSAN HAWK -4923 Additions to Income Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions 00 Deduction for taxes on, or measured by, income including self-employment tax taken on 0.0 your federal return (see instructions) . 2 3 Gains from Michigan column of MI-1040D and MI-4797..... 3 00 00 4 00 5 6 Other (see instructions). Describe: 00 6 7 Total additions. Add lines 1 through 6. Enter here and on MI-1040, line 11. 00 Subtractions from Income Income from U.S. government bonds and other U.S. obligations included in Mi-1040, line 10.

Attach U.S. Schedule B or 1040A Schedule 1 if over \$5,000. 8 00 Military pay from U.S. Armed Forces included in MI-1040, line 10. Attach Schedule W. (Include retirement pay on line 12 of this schedule.). 00 10 00 11 Income attributable to another state. Explain type and source: 00 12 Retirement or pension benefits included in MI-1040, line 10. (Include military retirement here.) See exceptions in instructions. Name of payer: 12 00 14 Social Security benefits from U.S. 1040, line 20b or U.S. 1040A, line 14b - 14 00 15 Income earned while a resident of a renaissance zone. Name of zone: 15 00 16 Michigan state and local income tax refunds received in 2009 and included in MI-1040, line 10 16 17 Michigan Education Savings Program and MI529 Advisor Plan 17 00 18 .. > 19

1030 2009 09 01 27 0

20 Miscellaneous subtractions (see instructions). Describe:

21 Total subtractions. Add lines 8 through 20. Enter here and on MI-1040, line 13 .

MIIA3901 11/17/09

Continue to Schedule 2.

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00

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.. - 21

2009 MICHIGAN Schedule 2 Nonrefundable Credits

Issued under authority of Public Act 281 of 1967.

Attach to Form MI-1040.			Attachment 1B
Filor's First Name	M.I.	Last Name	Filter's Social Security Number ▶
MARK	T	HAWK	-2170
If a Joint Return, Spouse's First Name	M.L	Last Name	Spouse's Social Security Number
SUSAN	D	HAWK	-4923

			Amount	_		Credit	_
1	City Income Tax Credit (see instructions)	1 a	286. 00	0	1 b	32.	00
2	Public Contribution Credit (see instructions)	2a	00	0	2 b		00
3	Community Foundation Credit. Enter code from instructions . •	3 a	0.	0	3 Ь		00
4	Homeless Shelter/Food Bank Credit (see instructions)	4 a	0(0	4 b		00
5	Credit for Income Tax Imposed by Government Units Outside Michigan. Attach a copy of the return	5a	0	0	5 b		00
6	Michigan Historic Preservation Tax Credit (nonrefundable). For a refund of any unused credit, see Form 3581 inst. Attach Form 3581	6 a	0	0	6 b		00
7	College Tuition and Fees Credit. Attach Schedule CT			,	7	233.	00
8	Vehicle Donation Credit. Enter code from list below ▶	8 a	0	0	8 b		00
9	Individual or Family Development Account Credit	9 a	0	•	9 b		00
10	Energy Cost Recovery Surcharge Credit	10a	20.0	0	10b		00
11	Total nonrefundable credits. Add lines 1b, 2b, 3b, 4b, 5b, 6b, 7, 8b, 9b and 10b Enter here and carry amount to your MI-1040, line 18.		11	Γ		265.	00

VEHICLE DONATON CREDIT CODE TABLE

604 Carlink, Inc.

105 Goodwill Industries of Mid-Michigan, Inc.

705 Goodwill Industries of Northern Michigan, Inc.

905 Goodwill Industries of Southeast Michigan, Inc.

803 Goodwill Industries of West Michigan, Inc.

601 Goodwill of Southwestern Michigan, Inc.

202 Goodwill Wheels to Work

+ 1030 2009 09 02 27 8

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2009 MICHIGAN College Tuition and Fees Credit

Attach to Form MI-1040. Type or print in blue or black ink. Attachment 07 ► 2 Filer's Social Security Number ▶ 1 Filer's First Name HAWK MARK -2170 If a Joint Return, Spouse's First Name MIL Last Name Spouse's Social Security Number SUSAN HAWK .-4923 Limitations: To be eligible to claim the credit, you must be a permanent Michigan resident, your adjusted gross income must be \$200,000 or less and the student(s) must have attended a school listed on page 2 of this form. 144,505 Credit Amount. Complete all columns and round all amounts to the nearest dollar. D E Multiply each amount in Co. E by 8% and enter here. Cannot exceed \$375 per student, a Jason 2,908 Hawk -2154 Mott CC 0580 233 d 4 e Total Credit Amount. Enter total of column F here and carry this amount to your Schedule 2, line 7. (Cannot exceed \$375 per student.) 00 ► 4e 233 Is someone else contributing to undergraduate tuition and fees for the student(s) listed above? If 'Yes,' enter the requested information on line $6 \cdot \cdot$. Enter the information below if someone else is contributing to undergraduate tuition and fees for the student(s) listed on line 4. Continue using the same 'a' through 'd' references. В Student Identification From Line 4 Above Name and Address of Contributor ь c

+ 1030 2009 33 01 27 9

d

MIA1101 09/21/09

2009 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967.

INSTRUCTIONS: If you had Michigan income tax withheld in 2009, you must complete a Withholding Tax Schedule (Schedule W) to claim the withholding on your Individual Income Tax Return (MI-1040, line 34). Attach your completed Schedule W to your MI-1040 or MI-1040X form where applicable. See complete instructions. Type or print in blue or black ink.

			Attachment 13
Filer's First Name	M.I.	Last Name	▶ Filer's Social Security Number (Example: 123-45-6789)
MARK	T	HAWK	-2170
If a Joint Return, Spouse's First Name	M.I.	Last Name	Spoute a social Security Number (Example: 123-45-6789)
SUSAN	D	HAWK	-4923

Ente	A er "X" for: Spouse	▶ B Box b — Employer's federal identification number	C Employer's name	D Box 1 — Wages, tips, other compensation		► E Box 17 — Michig income tax withh	F Box 19 - City income tax withheld		
х		38-6004611	CITY OF FLINT A M	67,206.	00	2,600.	00	666.	00
	х	38-1466991	LAKE AGENCY INC	50,023.	00	2,176.	00		00
					00		00		0.0
					00		00		0.0
					00		00		00
					00		00		0.0
					00		00		0.0
					00		00		0.0
			hedule W forms (if applicable)				00		0.0
		TAL. Enter total of Table 1, Tax Worksheet in the MI-10	columns E and F. Carry total of colum 40 Instruction Booklet	nn F to the City	1	4,776.	00	666.	00

IMPORTANT: If you have no entries for Table 2, carry total of line 1, column E, to line 3 below.

TABLE 2: MICHIGAN	TAX WI	THHELD	ON 1	099 and	4119	FORMS
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► A Enter 'X' if for: You or Spouse	► B Payer's federal identification number	Payer's federal		► E Michigan income tax withheld	F Box 7 — Distribution Code (1099-R only)
			00	00	
			00	00	
			00	00	
			00	00	
			00	00	
			00	00	
Inter Table 2	Subtotal from additional Sched	ule W forms (if applicable)		00	
2 SUBTO	TAL. Enter total of Table 2, colu	mn E	2	00	ļ
3 TOTAL.	Add line 1 and line 2, column 8	E. Carry total to your MI-1040, I	line 34 ▶ 3 [4,776.00	

-	1020	2009	57 0	1 27 9
-	1030	2003	3/ 0	1 4/ 3

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